

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 29.7
TITLE: LAPAROSCOPIC SURGICAL PROCEDURES

AUTHORITY: 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(c)(2)(i)

TRICARE POLICY MANUAL: Chapter 3, Section 1.5

I. EFFECTIVE DATE

December 18, 1993

II. DESCRIPTION

An endoscopic surgical technique which employs the use of a laparoscope. CHAMPVA views laparoscopic surgical procedures as variations of standard surgical procedures traditionally performed with a scalpel.

III. POLICY

A. Benefits may be extended for laparoscopic surgical procedures without laser when determined to be medically necessary.

B. Benefits may be extended for laparoscopic surgical procedures with laser when the laser has been approved by the Food and Drug Administration for general use in humans and the laparoscopic procedure is determined to be medically necessary.

C. When a Current Procedural Terminology (CPT) code exists for a laparoscopic procedure and a CHAMPVA Maximum Allowable Charge (CMAC) has been established, the CMAC should be used. For reimbursement of laparoscopic procedures that do not have a CPT code, reimbursement shall never exceed the amount allowed for the standard surgical procedure performed with a scalpel. Reimbursement will follow the reimbursement methodology in place where the service is rendered. No reimbursement shall be made for secondary procedures performed as a result of failure of the laparoscopic procedure when determined to be integral and similar to the original procedure (i.e., same patient, one bill for laparoscopic cholecystectomy and one bill for

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excisional cholecystectomy). Secondary procedures should be denied with an Explanation of Benefits (EOB) message, "charge included with a paid service."

END OF POLICY